

Stacy Ng | CC 4, Asm 180 23075, 71 fa3

LKK: 89732
IDAC: 26/12/18

ASSIGNMENT

Surveyor:

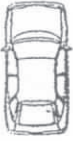
DOI: 27/12/18

Date / Time: 26/12/18

Registered in Merimen: -

Pre-assign / CCU / FTE

SLV 103 2T



Insured Vehicle No. : _____

Claim No. : 89M01727

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: 24/12/18

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (VL: YES / NO)

Insured Liability : % Final ? Yes / No

PA77004



INSRS: _____
WSP: web ins.
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time

PA77004 - CC/Asm 180 23075/24 - D.O.A: 24/12/18
SLV 103 2T - WSP 180 23075/24 - D.O.A: 23/12/18

Request for rental agreement.

| STAGE | DATE / PIC | |
|-----------------------------------|--------------------------|--------------------------|
| Non-Reporting ltr (1st): | | |
| Non-Reporting ltr (2nd): | | |
| Non-Reporting ltr (Final): | | |
| Notification ltr (if non-pickup): | | |
| Call OI: | | |
| After call ltr to OI: | | |
| Documentation Check List: | Handler | Typist |
| Notification ltr (if non-pickup) | <input type="checkbox"/> | <input type="checkbox"/> |
| After call ltr to OI: | <input type="checkbox"/> | <input type="checkbox"/> |
| Authorisation To Act: | <input type="checkbox"/> | <input type="checkbox"/> |
| Release Voucher: | <input type="checkbox"/> | <input type="checkbox"/> |
| Final Repair Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| Car Rental Invoice: | <input type="checkbox"/> | <input type="checkbox"/> |
| Towing Invoice | <input type="checkbox"/> | <input type="checkbox"/> |
| LTA / GIA : | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| PIR: | <input type="checkbox"/> | <input type="checkbox"/> |
| Mandate/Reject Instruction: | <input type="checkbox"/> | <input type="checkbox"/> |
| LOD | <input type="checkbox"/> | <input type="checkbox"/> |
| Payment Breakdown Form: | <input type="checkbox"/> | <input type="checkbox"/> |
| Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> |
| Others: | <input type="checkbox"/> | <input type="checkbox"/> |

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
 Repair Cost: S\$ _____
 Loss of Rental (LOR): S\$ _____ (_____ days)
 Loss of Use (LOU): S\$ _____ (\$ x days)
 Loss of Income (LOI): S\$ _____ (\$ x days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search: S\$ _____
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost: S\$ _____

Total: S\$ _____ Global Sum S\$: _____ Email Call

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ _____ Name 1: _____
 Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

Annex A

Transaction ref 20181013090011370730

The owner and vehicle particulars for Vehicle No. PC2540P as at 13 Oct 2018 are as follows:

| | |
|--|---|
| 1. Name | : READY.GO TRADING |
| 2. Identification No. Type | : Business |
| 3. Identification No. | : 52974672K |
| 4. Country/Region | : - |
| 5. Vehicle No. | : PC2540P |
| 6. Previous Vehicle No. | : - |
| 7. Effective Date of Ownership | : 13 Oct 2018 |
| 8. Original Registration Date | : 30 Apr 2014 |
| 9. First Registration Date | : 30 Apr 2014 |
| 10. Vehicle Type | : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus |
| 11. Vehicle Scheme | : Public Service Vehicle (Others) |
| 12. Attachment 1 | : Air-Conditioned |
| 13. Attachment 2 | : - |
| 14. Attachment 3 | : - |
| 15. Vehicle Make | : TOYOTA |
| 16. Vehicle Model | : COASTER 23 SEATER ABS |
| 17. Year of Manufacture | : 2014 |
| 18. Primary Colour | : White |
| 19. Secondary Colour | : - |
| 20. Passenger Capacity | : 23 |
| 21. Chassis/Trailer Chassis No. | : JTGEP538106000864 / - |
| 22. Propellant | : Diesel |
| 23. Engine No./Motor No. | : N04CUH17652 / - |
| 24. Engine Capacity(cc)/Power Rating(kW) | : 4009 / - |
| 25. Maximum Power Output(kW/bhp) | : - / - |
| 26. Unladen Weight(kg) | : 3760 |